

TOWN OF SOUTHAMPTON

Main Office
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968
Phone: (631) 287-5740
Fax: (631) 283-5606



OFFICE OF TOWN CLERK SUNDY A. SCHERMEYER

Town Clerk Annex
Phone: (631) 723-2712
Fax: (631) 723-3080
Website:
www.southamptontownny.gov

REQUIREMENTS FOR OPERATOR'S LICENSE: TRANSPORTATION FOR HIRE

Expires: December 31st, Midnight

License Fee: **\$50.00**
(Cash, check or money order payable to "Town of Southampton")

Fingerprinting: Please see attached new procedures.

Fees are non-refundable and due when the application is submitted.
Renewal applications submitted after January 30th is subject to a mandatory \$25.00 late fee.

Applications Accepted: Monday – Friday 8:30 AM – 2:30 PM

Location: Town Clerk's Office, 116 Hampton Road, Southampton

DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

- **DOCTOR'S STATEMENT**

A statement from a doctor licensed to practice medicine in the State of New York stating that applicant has been thoroughly examined within **thirty (30) days** of the completed application and that the applicant is fit to safely operate a licensed vehicle.

- **PHOTOGRAPHS**

Two (2) identical photographs (**2 x 2 head and shoulders**) taken no longer than sixty (60) days prior to submission of completed application.

- **DRIVER'S LICENSE**

Copy of applicant's valid NYS Driver's license clearly indicating the identification number and expiration date, together with authorization for the Town to conduct an examination of the applicant's driving record.

If the applicant's license is from another state, the applicant must submit an abstract from their local Department of Motor Vehicles stating that the license is equivalent to a Class E chauffeur's license as well as an abstract showing the applicant's driving history.

ADDITIONAL INFORMATION FOR NEW APPLICANTS:

- **FINGERPRINT PROCESSING**

1. All new applicants and non-consecutive yearly renewals must be fingerprinted.
2. Failure to have fingerprints done in timely fashion may cause a delay in the issuance of the license.

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2011 APPLICATION OPERATOR'S LICENSE TRANSPORTATION FOR HIRE

For Office Use Only

License # : _____

Date: _____

Initials: _____

PERSONAL DATA:

Date: ____/____/____

Name: _____
LAST FIRST MIDDLE INITIAL

Any names previously used: _____

Marital Status: _____ Maiden Name or Alias: _____

Telephone No: (____) _____ Social Security Number: _____

Address (Local): _____

Address (Legal/Mailing, if different from above): _____

Place of residence for past five (5) years: _____

Eye Color: _____ Hair Color: _____ Height: _____

Weight: _____ Date of Birth: _____ Place of Birth: _____

- Have you been convicted of a felony, misdemeanor or violation of any municipal ordinance or local law (not including municipal traffic and/or parking violations): _____ **YES** _____ **NO**
- If Yes: What court: _____ Where: _____ When: _____
Ordinance violated: _____ Charge/sentence of court: _____
- NYS Driver's License I.D. #: _____ Class: _____
- Authorization to Conduct Examination of Driving Record: _____ **YES** _____ **NO**
- Has your Driver's License (of any class, issued by any state) been suspended or revoked within the past eighteen (18) months? _____ **YES** _____ **NO**
- If Yes: What Court: _____ Date: _____
Period of suspension: _____ Cause: _____

BUSINESS DATA:

Business Name: _____

Address: _____

Federal Identification Number: _____ **Telephone No:** _____

Place of business for past five (5) years if different from above:

Name of Business/Employer: _____

Address: _____

Any previous occupational license held: _____ **Yes** _____ **No**

If Yes: **Type:** _____ **When:** _____ **Where:** _____

How long: _____ **Suspended or revoked:** _____

Date and reason for revocation or suspension: _____

HAVE ANSWERED THE FOREGOING QUESTIONS TO THE BEST OF MY KNOWLEDGE AND BELIEF AND SWEAR THAT SAID ANSWERS ARE TRUE AND ACCURATE. ANY CHANGES WITH REGARD TO INFORMATION REGARDING NAME, RESIDENCE, BUSINESS LOCATION AND/OR ANY CHANGE IN THE TELEPHONE NUMBER OF THE PERSON DESIGNATED FOR SERVICE OF LEGAL PROCESS SHALL BE REPORTED IN WRITING TO THE TOWN CLERK WITHIN SEVEN (7) DAYS OF OCCURRENCE. ALL OTHER CHANGES SHALL BE REPORTED TO THE TOWN CLERK WITHIN THIRTY (30) DAYS OF OCCURRENCE.

Signature _____ **Date** _____

Sworn to before me this _____ **day of** _____, **20**_____

Notary Public

**A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR
PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK**

Office Use Only:

• **License mailed** _____

• **License picked up** _____
